

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 136Registered No. 22

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

City Rayden No. _____ St. _____ Ward _____2. Full name of child Janet Ann Chappel

If child is not yet named, make supplemental report, as required

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate _____ 8. Date of birth Feb 25, 1931 (Month, day, year)9. Full name FATHER Hunter Martin Chappel 18. Full name MOTHER Mary Ann Tolly10. Residence (usual place of abode) Rayden 19. Residence (usual place of abode) Rayden11. Color or race White 12. Age at last birthday 43 (Years) 20. Color or race White 21. Age at last birthday 31 (Years)13. Birthplace (city or place) Mojo (State or country) Mojo 22. Birthplace (city or place) Mojo (State or country) Mojo14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ or weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 6:30 m. on the date above stated (Born alive or stillborn)(Signed) Charles B. Rutherford M.D.

or _____ Midwife

Address Rayden ArizFiled Feb 28, 1931 M.B.D. Paul Registrar

Registrar _____

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____ (Date of) _____

Registrar _____

123-225-438